

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**09/673518**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5	1		1				55						
6	1		1				56						
7		1		1			57						
8		1		1			58						
9		1		1			59						
10	1		1				60						
11		4		1			61						
12	1		1				62						
13				1			63						
14				1			64						
15				1			65						
16				1			66						
17							67						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5		5				TOTAL IND.						
TOTAL DEP.	10		10				TOTAL DEP.						
TOTAL CLAIMS	15		15				TOTAL CLAIMS						